

Veterinary Medical Board

2005 Evergreen St., Ste 2250 ■ Sacramento, CA 95815 ■ www.vmb.ca.gov
916-263-2610 ■ 916-263-2621 (Fax)



VETERINARY APPLICATION

1. APPLICATION TYPE/FEE (please check what you are applying for and items that pertain to your application type)

<input type="checkbox"/> \$100.00 - APPLICATION EVALUATION FEE Application fee is required for all application types.	Office Use Only	
<input type="checkbox"/> CALIFORNIA STATE BOARD EXAM APPLICANT		
<input type="checkbox"/> \$150.00 – California State Board Examination Fee		
<input type="checkbox"/> \$50.00 – Veterinary Law Examination Fee (if applicable)		
<input type="checkbox"/> RECIPROCITY TEMPORARY LICENSE APPLICANT		
<input type="checkbox"/> \$50.00 – Veterinary Law Examination Fee	Receipt Number: Date Cashiered: Refund: ATS ID: 	
<input type="checkbox"/> INTERN/RESIDENT TEMPORARY LICENSE APPLICANT		
Send Application Fee Only. A \$125.00 Temporary License fee will be collected later per the application instructions.		
TOTAL FEES SUBMITTED \$ _____		

2. UNITED STATES SOCIAL SECURITY NUMBER

Disclosure of a social security number is mandatory and must be provided prior to "licensure." This number must be a **United States** social security number. Social security numbers from other countries will **not** be accepted. Section 30 of the Business and Profession Code and Public Law 94-455[42 USCA section 405(c)(2)(C)] authorize collection of the Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state.

U.S. Social Security Number:

Email Address: (Optional)

3. FULL NAME/ADDRESS/TELEPHONE NUMBER

Telephone Number:

LAST	FIRST	MIDDLE	BIRTHDATE	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY

4. VETERINARY COLLEGE OR UNIVERSITY – You must submit a copy of your diploma **or** a certified transcript with degree conferred.

NAME AND LOCATION	FROM	TO	DATE OF GRADUATION	DEGREE RECEIVED
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5. PHYSICAL DESCRIPTION

HAIR COLOR	HEIGHT	ATTACH PHOTO HERE PHOTO MUST BE THE SAME SIZE AS THIS BOX: 2" x 2 1/8
EYE COLOR	WEIGHT	
I HEREBY DECLARE THAT THE ATTACHED PHOTO WAS TAKEN ON OR ABOUT: (Month/Day/Year): _____		
SIGNATURE OF CANDIDATE: _____		

6. PLEASE LIST THE STATES/PROVINCES WHERE YOU HAVE EVER HELD A LICENSE

STATE/PROVINCE	LICENSE #	DATE ISSUED	ISSUED BY EXAM OR CREDENTIALS	PERIOD OF PRACTICE

7. DISCLOSURE OF DISCIPLINARY ACTION

HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE TO PRACTICE VETERINARY MEDICINE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING? _____ _____ _____	YES	NO
	If Yes, please provide detailed written explanation, include the date and state where the discipline occurred.	

8. CONVICTION OF MISDEMEANOR OR FELONY

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS OR PLED NOLO CONTENDERE TO ANY VIOLATION OF ANY LAW OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? _____ _____ _____	YES	NO
	If Yes, explain fully as described in the application instructions.	

You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000, 1203.4 or 1210.1. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest) as well as pleas or verdicts of guilty.

9. PREVIOUS APPLICATION(S) FOR LICENSURE IN CALIFORNIA

HAVE YOU EVER APPLIED FOR AN EXAMINATION OR LICENSURE IN CALIFORNIA? IF YES, PLEASE LIST DATE(S) AND OR LICENSE NUMBER(S): _____	YES	NO

10. RECIPROCITY APPLICANTS ONLY

AS A LICENSED VETERINARIAN, HAVE YOU BEEN LICENSED AND PRACTICING FULL TIME FOR AT LEAST FOUR YEARS OUT OF THE LAST FIVE YEARS IMMEDIATELY PRECEDING THE FILING OF THIS APPLICATION FOR LICENSURE IN CALIFORNIA?	YES	NO

11. CERTIFICATION SIGNATURE AND DATE

I understand that I am required to report immediately to the California Veterinary Medical Board if I am convicted of any offense that occurs between the date of this application and the date that a California veterinary license is issued. I am also required to report to the California Veterinary Medical Board any disciplinary action and/or voluntary surrender against any license as a veterinarian or any veterinary related license that occurs between the date of this application and the date that a California veterinary license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for registration examination is true, correct, and complete. Providing false information or omitting required information is grounds for denial of license revocation in California.

Signature of applicant _____ Date _____

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, per Section 4846 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

INFORMATION COLLECTION, ACCESS, & DISCLOSURE: Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 2005 Evergreen St., Ste 2250, Sacramento, CA 95815, (916) 263-2610. The information is requested pursuant to Business and Professions Code sections 4800-4917 and/or Division 20 of Title 16, California Code of Regulations.